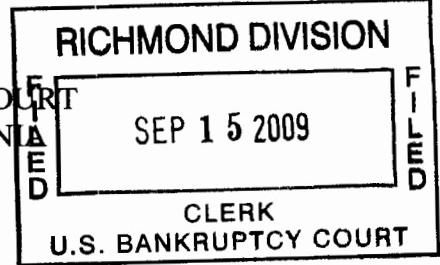


IN THE UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF VIRGINIA
RICHMOND DIVISION



In Re:

X

Chapter 11

CIRCUIT CITY STORES, INC.,
et al.

Case No.: 08-35653 (KRH)

Debtors.

Jointly Administered

X

**RESPONSE TO DEBTOR'S OMNIBUS OBJECTION OF CLAIMS
AND A REQUEST FOR A HEARING**

PLEASE TAKE NOTICE that claimant KHANAM FATIMA AKHTER, claim number 5111, hereby opposes the relief requested in the Objection. Pursuant to a Notice of Debtors Omnibus Objection to claims dated August 20, 2009, we submit the following:

A. The claimant's name is KHANAM FATIMA AKHTER. The amount of the claim is for \$500,000.00 as compensation for personal injuries sustained on March 12, 2008. On that date, the claimant was lawfully within a Circuit City store formerly located at 5th Avenue and 43rd Street, New York, New York when she was caused to trip and fall.

B. The claimant is represented by RIMLAND & ASSOCIATES, located at 32 Court Street, Suite 1506, Brooklyn, New York 11201. The telephone number is (718) 222-1919. This office, as her attorneys, are familiar with the relevant facts that support this response. Claimant KHANAM FATIMA AKHTER, a retail business invitee, had shopped at the aforementioned Circuit City store and was informed that the item sought was not in that store's stock. The Claimant was exiting the premises when she was caused to trip and fall over an empty loading cart near the register at the front of the store. The occurrence was witnessed by store employees,

including one Andre Whaley who apologized to the claimant following this occurrence.

Photographs of the accident scene are attached hereto.

The legal basis of liability on the part of the Debtor is one in negligence, in that the placement of the loading cart in a area frequented by the Store's patrons was a dangerously caused and created condition by the Debtor, its employees, agents and/or servants. The negligent placement of said loading cart created an optical illusion and tripping hazard for the claimant who was unable to see the cart before she tripped and fell.

Copies of the relevant medical records and health insurance claim form are attached herewith, which consist of the following:

- i. Bellevue Hospital, ER records, dated March 12, 2008
- ii. Beth Israel Medical Center, ER records, dated March 17, 2008
- iii. Laxmihar Diwan, M.D., narrative report dated May 5, 2008
- iv. KLS Medical, P.C., reports dated March 26, 2008 to September 22, 2008
- v. Yongming Mao Physician, PC., records dating April 14, 2008 to August 25, 2008.
- vi. Bromer Medical, PC, MRI report of cervical spine dated August 19, 2008

C. The claimant's address is as follows:

KHANAM FATIMA AKHTER
40 Waterside Plaza, Apartment 26E
New York, New York 10010

The Claimant's Attorneys are as follows:

RIMLAND & ASSOCIATES
32 Court Street, Suite 1506
Brooklyn, New York 11201
(718) 222-1919
(718) 222-1901 (facsimile)

D. Attorney EDWARD RIMLAND has the authority to reconcile, settle or otherwise resolve the objection on behalf of the Claimant herein.

E. The Claimant requests a hearing on this Response to the Debtor's Objection.

Dated: Brooklyn, New York
September 14, 2009

Yours, etc.,

RIMLAND & ASSOCIATES


By: Edward Rimland, Esq.
Attorney for Claimant
KHANAM FATIMA AKHTER
32 Court Street, Suite 1506
Brooklyn, New York 11201
(718) 222-1919

CERTIFICATION/AFFIRMATION OF MAILING

EDWARD RIMLAND, ESQ., being duly sworn, affirms and says that your deponent is not a party to this action, is over 18 years of age and resides in NASSAU, New York.

That on the 14th Day of September 2009, deponent served the within **RESPONSE TO**

DEBTOR'S OMNIBUS OBJECTION OF CLAIMS AND A REQUEST FOR A HEARING

to the following persons:

TO: SKADDEN, ARPS, SLATE, MEAGHER & FLOM, LLP
One Rodney Square
Post Office Box 636
Wilmington, Delaware 19899-0636
Attention: Gregg M. Galardi
Ian S. Fredericks

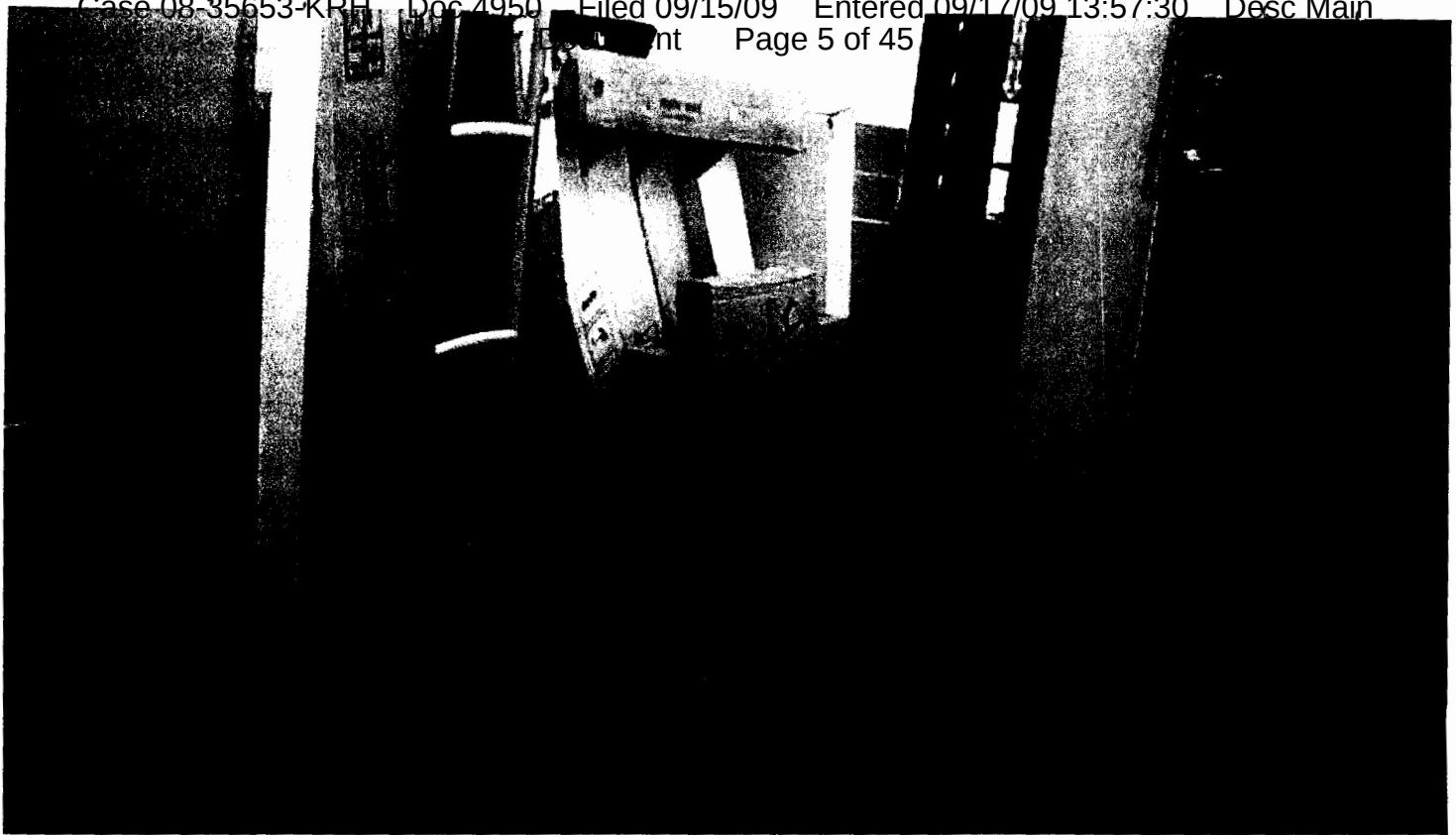
SKADDEN, ARPS, SLATE, MEAGHER & FLOM, LLP
155 North Wacker Drive
Chicago, Illinois 60606
Attention: Chris L. Dickerson

MCGUIREWOODS, LLP
One James Center
901 E. Cary Street
Richmond, Virginia 23219
Attention: Dion W. Hayes
Douglas M. Foley

By FIRST CLASS MAIL, by depositing a true copy of same, enclosed in a postpaid properly addressed envelope, in an official depository under the exclusive care and custody of the United States Post Office Department within the State of New York.



EDWARD RIMLAND, ESQ.
Attorney for Claimant
KHANAM FATIMA AKHTER



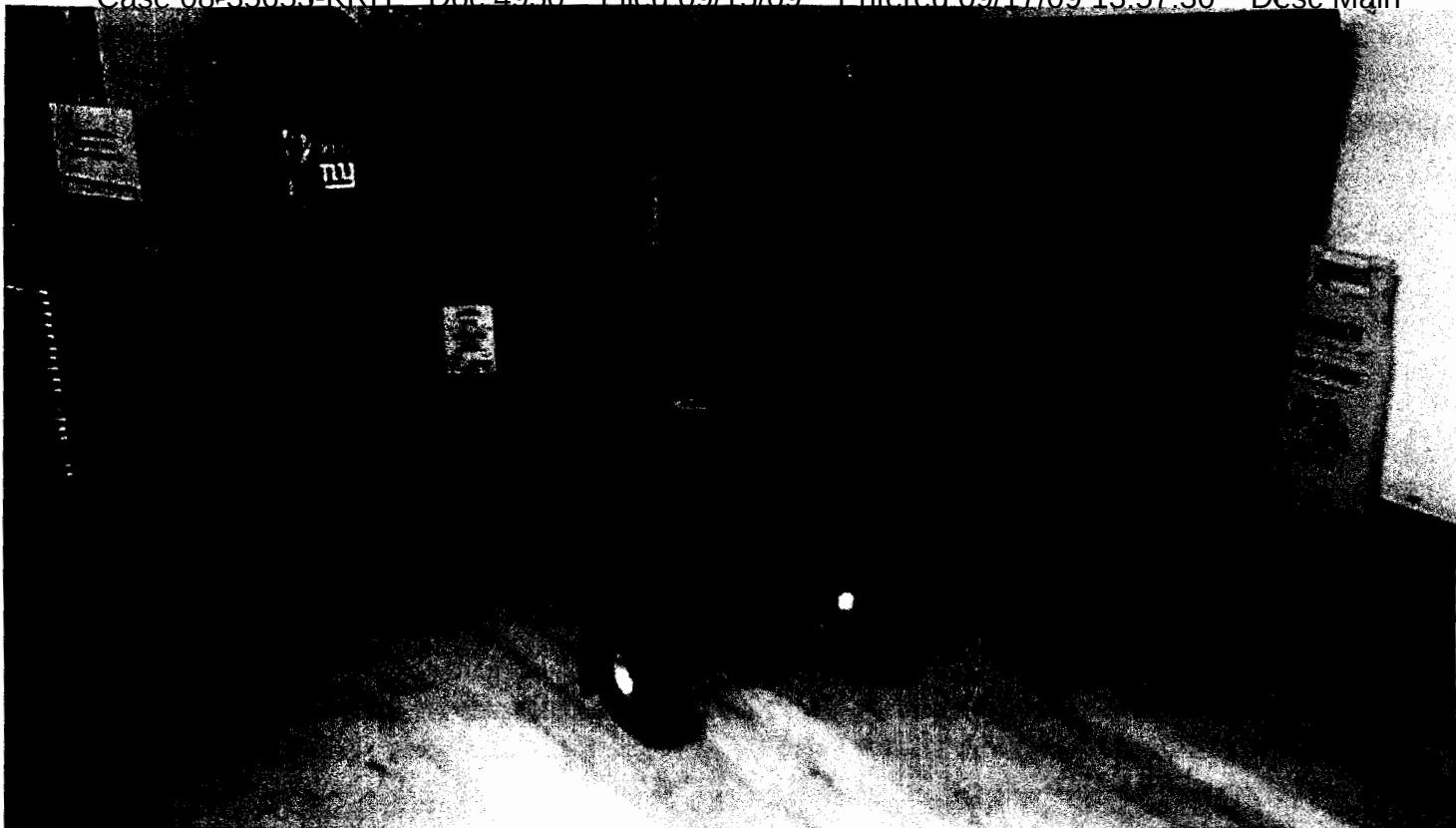
Khanan Akhter-Pictures taken 3/30/08



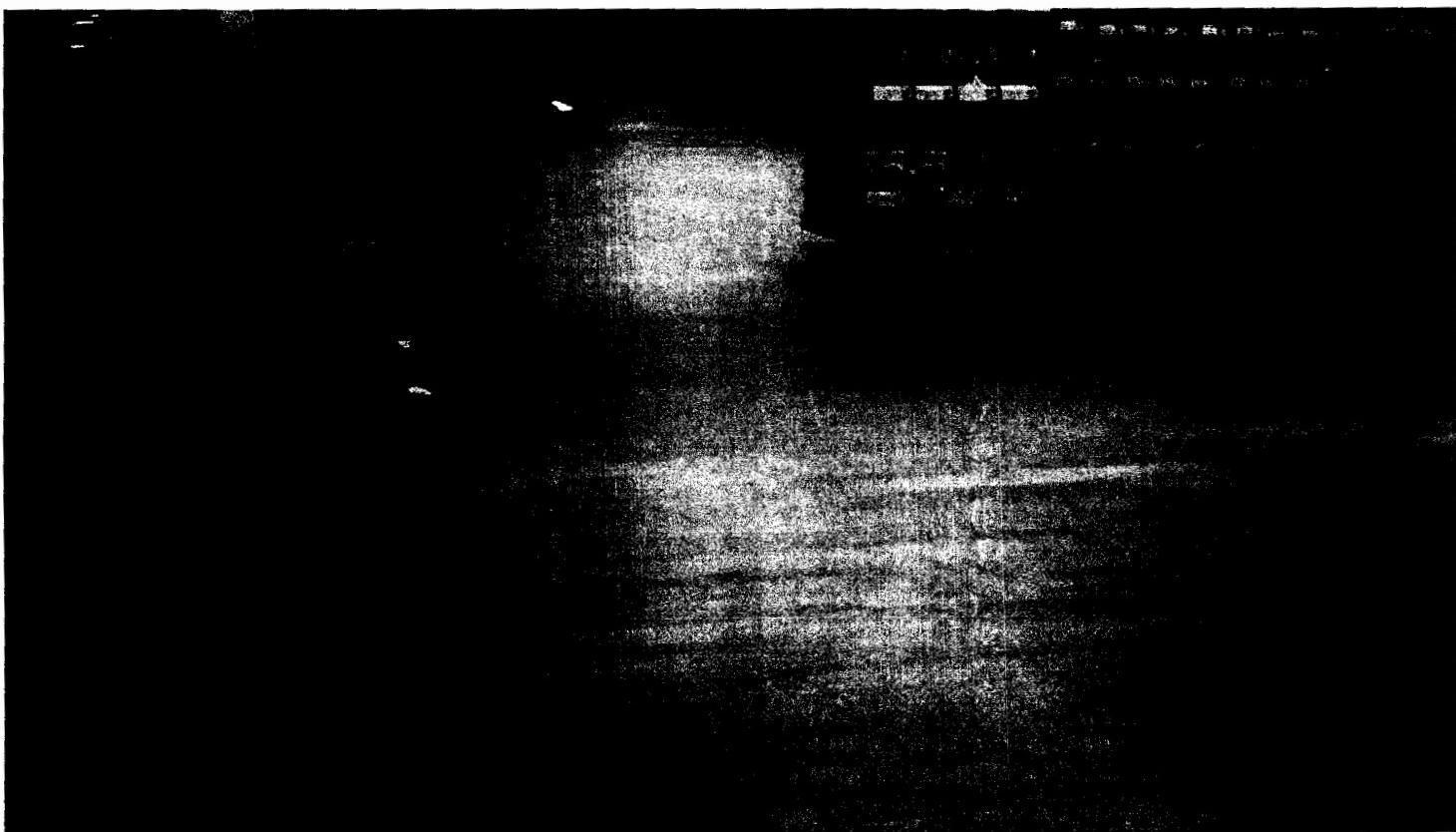


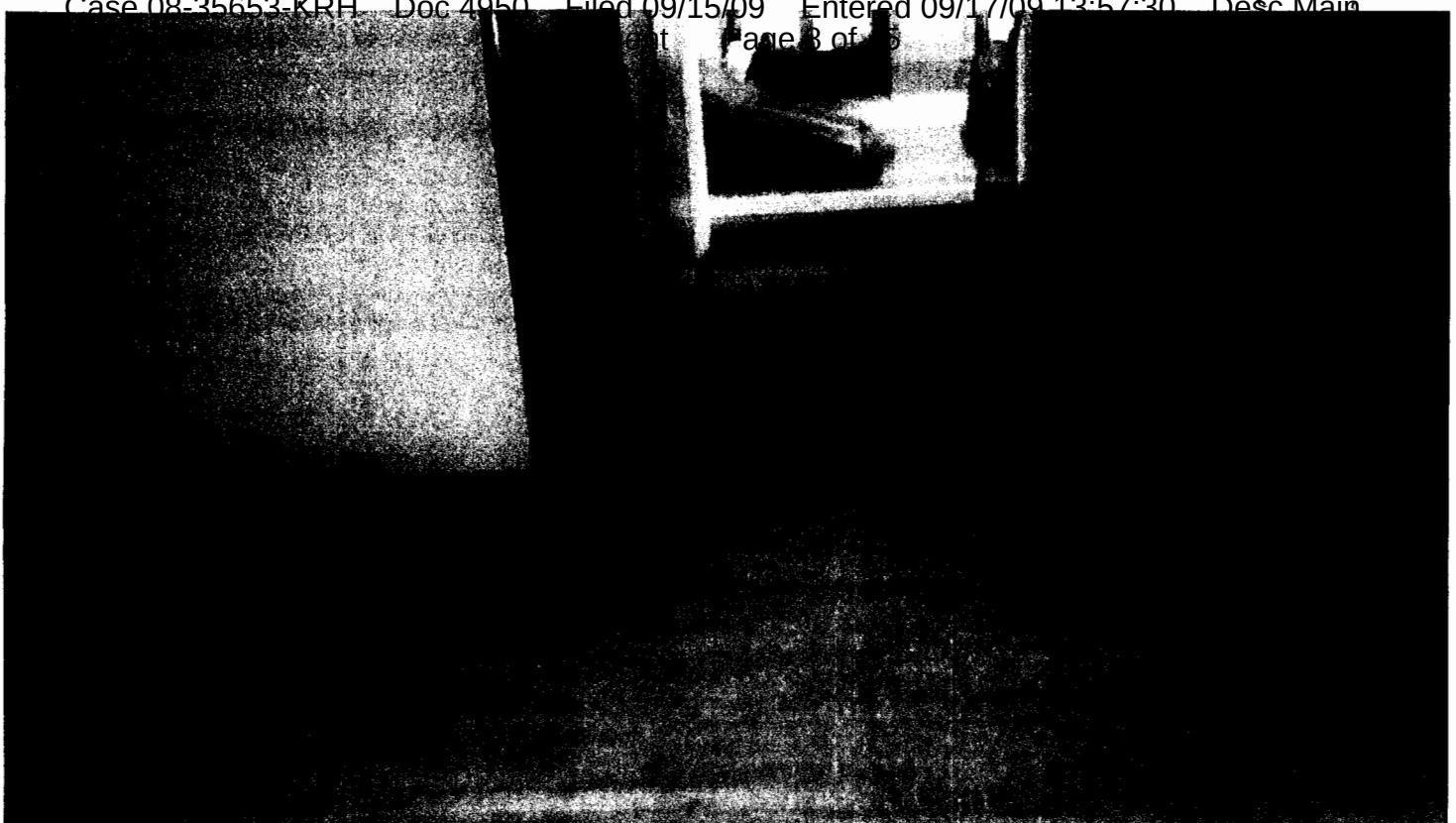
Khanan Akhter-Pictures taken 3/30/08





Khanan Akhter-Pictures taken 3/30/08





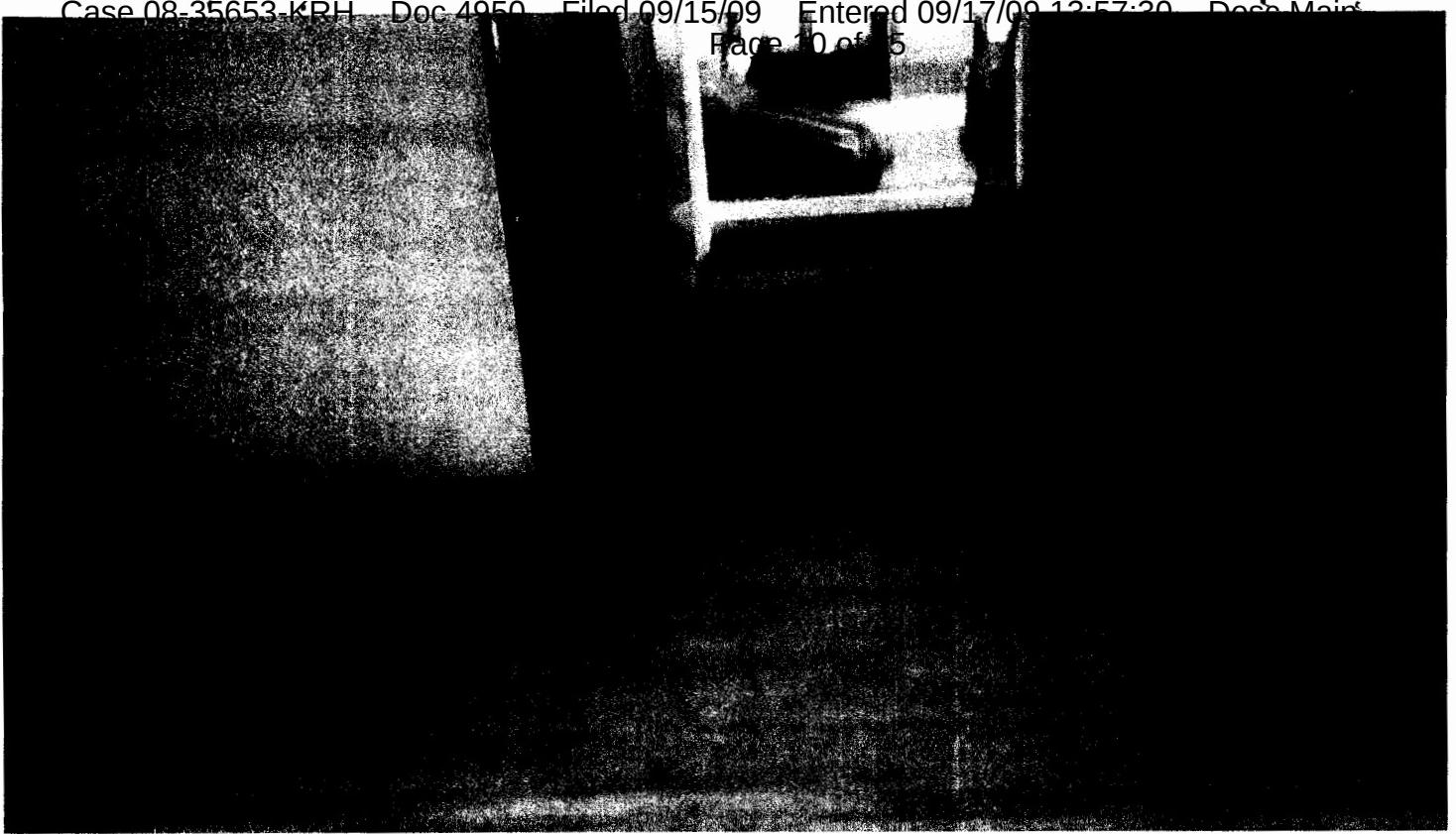
Khanan Akhter-Pictures taken 3/30/08





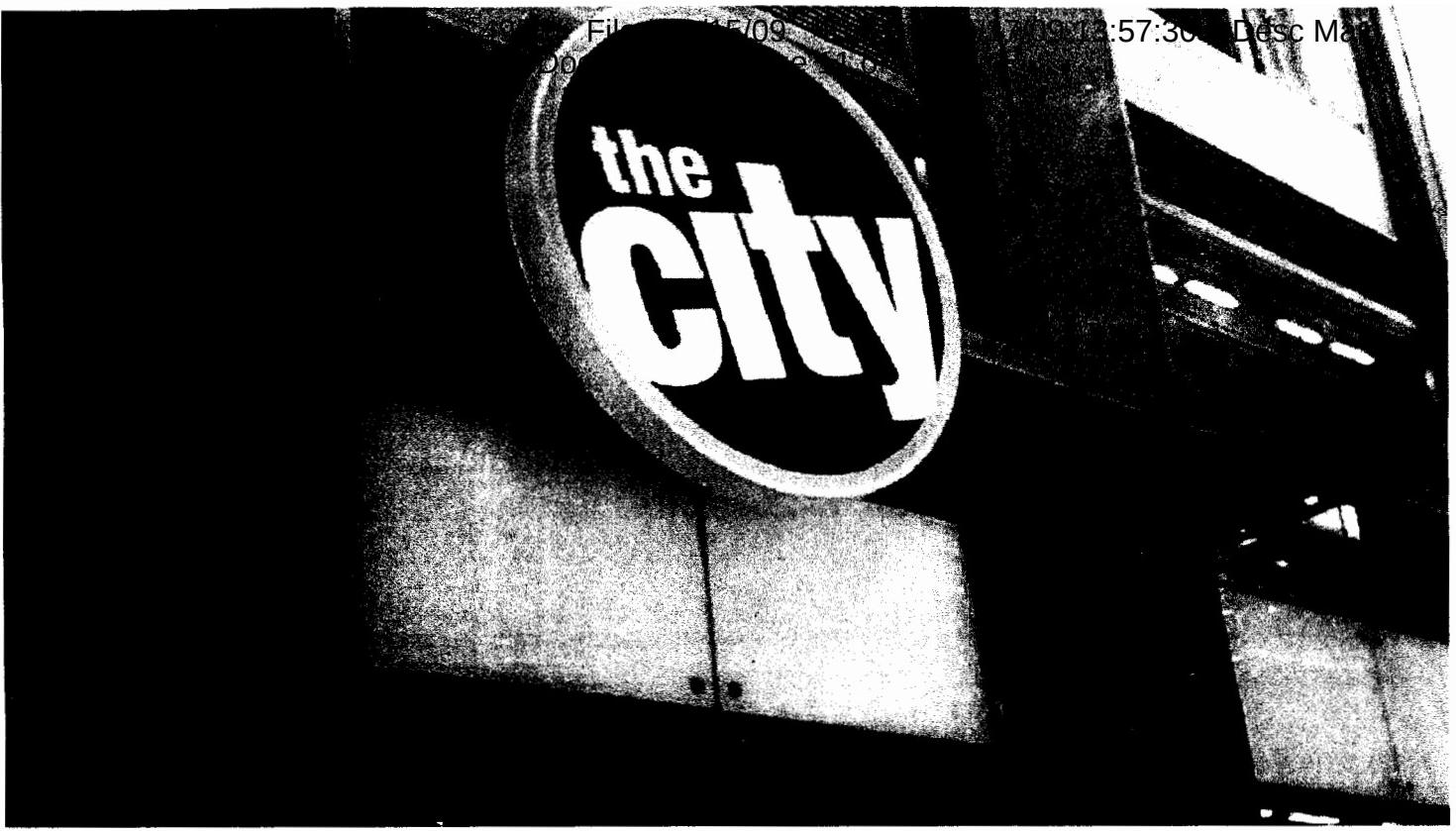
Khanan Akhter-Pictures taken 3/30/08





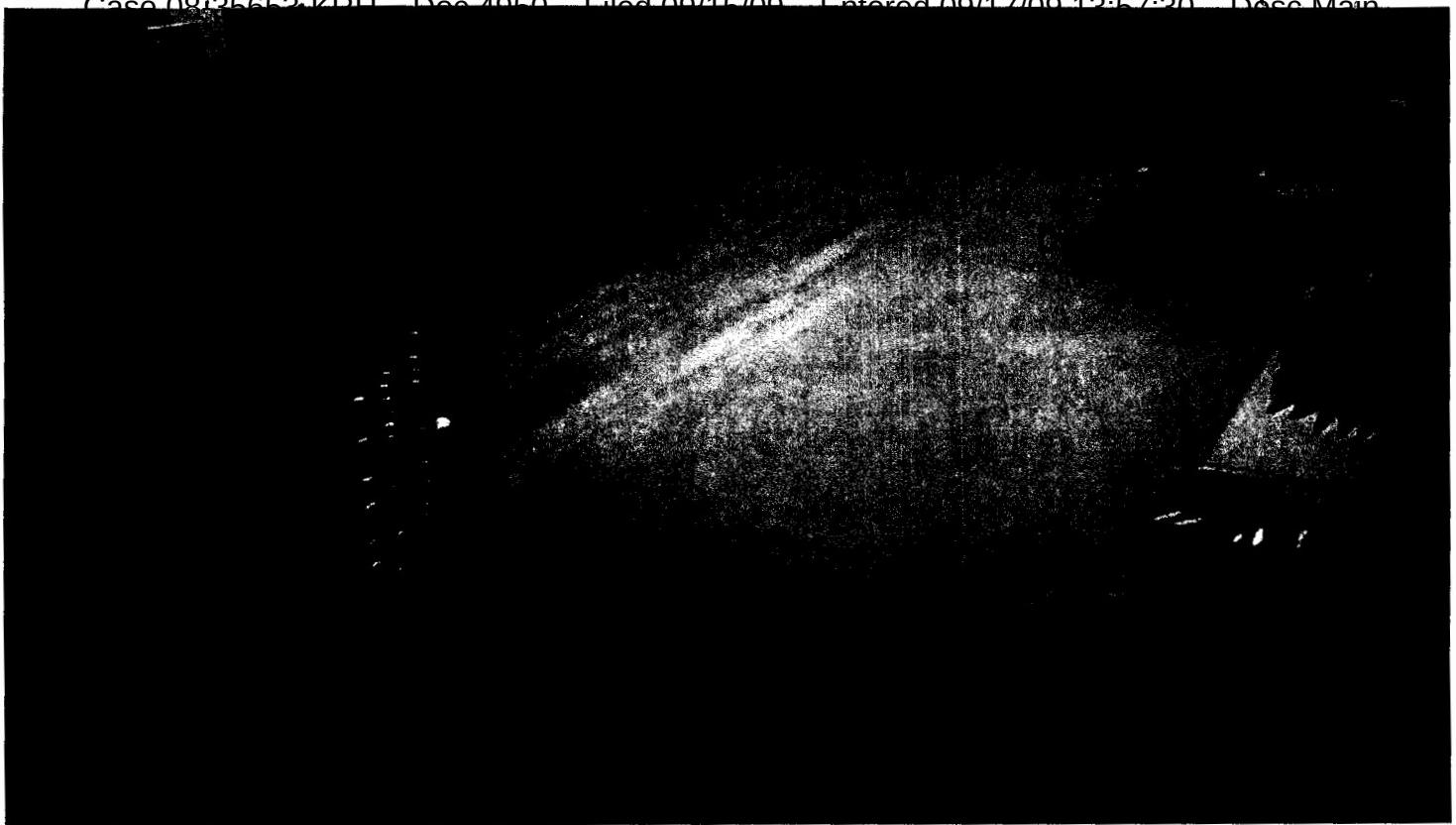
Khanan Akhter-Pictures taken 3/30/08





Khanan Akhter-Pictures taken 3/30/08





Khanan Akhter-Pictures taken 3/30/08



KLS Medical P.C.

Dr. Xiaowei Zhang, M.D.

37-41 77th Street

Jackson Heights, NY, 11372

Tel: (718) 505-1420 Fax: (718) 505-1428

Patient: Akhter Khanam F.

D.O.A.: March 12th, 2008

D.O.S.: March 26th, 2008

HISTORY OF PRESENT ILLNESS: The patient is a 68 year-old female, who was in her usual state of health until March 12th, 2008, the patient stated that she went to Circuit City for shopping and she accidentally fell on a carrying cart and injured her right ankle. Later she went to Bellvue Hospital Emergency Room where the doctor cleaned the wound on the right ankle. After 4 days she had an x-ray of the right ankle, revealing no fracture.

CURRENT COMPLAINTS:

- Neck pain.
- Back pain.
- Pain in bilateral shoulders.
- Pain in bilateral wrists.
- Severe pain in the right ankle, radiating to both knees and groin area.

MEDICATIONS: Cozaar 100mg- taken daily, Glyburide Metformin 500mg, and Metformin 500mg.

ALLERGIES: The patient has no known drug allergies.

PAST MEDICAL HISTORY: DM, HTN, Hyperlipidemia.

PAST SURGICAL HISTORY: None.

PREVIOUS INJURIES: None.

FAMILY HISTORY: The patient denies.

REVIEW OF SYSTEMS:

All systems reviewed were within normal limits. The following information was obtained

HEENT: None.

Pulmonary: None.

Heart & Vascular: None.

GI: The patient denies bowel symptoms.

• **GU:** The patient denied bladder symptoms. He denies sexual dysfunction.
Neuromuscular System: None.
Musculoskeletal: None.
General/Constitutional: The patient denied fever or weight loss.
Endocrine: None
Integument: None.

PHYSICAL EXAMINATION:

HEENT:

HEENT is normal.

Lungs:

Lungs are clear.

Heart:

Heart has regular rate and rhythm.

Abdomen:

Abdomen is soft and non-tender. There are normal bowel sounds.

Extremities:

Extremities are without clubbing, cyanosis or edema.

Cervical Spine:

There is no cervical paraspinal tenderness and spasm.

Lumbar Spine:

There is no paraspinal tenderness and spasm.

Extremities:

Wrist:

Examination of bilateral wrists revealed no swelling or pain.

Ankle/Foot:

Examination of the right ankle area revealed pain with small open wound and minimal discharge. There is mild swelling in right outer aspect.

Range of Motion	Normal	Patient (Right)
Dorsi - Flexion	20°	20°
Plantar Flexion	40°	35°

NEUROLOGICAL EXAMINATION:**Cognitive:**

The patient is awake, alert and oriented.

Cranial Nerves:

Cranial nerve examination was performed on CN II-XII and no abnormalities were detected.

Tone:

Tone is normal.

Deep Tendon Reflexes (DTR)

[Rated on a scale from 0 to +4 with +2 being normal]:

Biceps:	Right + 2	Left + 2
Brachioradialis:	Right + 2	Left + 2
Triceps	Right + 2	Left + 2
Patella:	Right + 2	Left + 2
Achilles:	Right + 2	Left + 2

DEGREE OF DISABILITY:

The patient is temporary partially disabled.

PRELIMINARY DIAGNOSIS:

1. Sprain of the right ankle.

PLAN OF MANAGEMENT:

Patient is instructed about certain limitations of his activities.

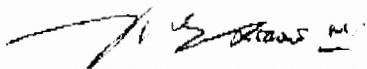
- MRI of the right ankle; to rule out ligament tear.
- Advised the continuation of the chiropractic treatment of neck and back.
- Physical Therapy will applied to the right ankle and will be provided 3-4 times a week and will include the following modalities:
 1. Hot pack application 10-15 minutes/area, 3-5 times a week.
 2. Ultrasound with thermal intensity at lower, medium, higher frequencies continuous cycle of 1 to 1.5 watt/sq. cm, 5-7 minutes/area, 3-4 times a week.
 3. Biphasic current electrical stimulation of 10HZ continuous cycle, sensory intensity at 250-400 micro sec., 0.5 amps, 10-15 minutes, 3-5 times a week.
 4. High voltage pulsed electrical stimulation at 50HZ 10/10 cycle +/- alternating polarity 0.5 amps, 10 minutes, 3-4 times a week.
 5. Ice Packs
 6. Range of motion therapeutic exercises on cervical and lumbar spine including stretching exercises.
 7. ROM exercises to the ankle including stretching exercises.

RECOMMENDATION:

At present time the prognosis are / remain guarded.

- Follow-up examination in 4 weeks.
- Continue physical therapy as prescribed.

Sincerely,



Dr. Xiaowei Zhang, M.D.

Yongming Mao Physician, P.C.

Dr. Yongming Mao M.D.
Neurologist & Clinical Neurophysiologist
37-41 77th Street
Jackson Heights, NY, 11372
Tel: (718) 505-1420 Fax: (718) 505-1428

Patient: Akhter, Khanam F.

D.O.A.: March 12th, 2008

D.O.S.: April 14th, 2008

HISTORY OF PRESENT ILLNESS: The patient is a 68 year-old female, who was in her usual state of health until March 12th, 2008 when she was involved in a slip and fall accident. She tripped at noon time in Circuit City because of a wagon cart and fell half way due to arms supported her; injuring her right ankle are and contusion. Patient later went to Bellevue Hospital and had stitches; she stayed for 2-3 hours. The contusion healed in 2-3 weeks.

CURRENT COMPLAINTS:

- Neck pain.
- Pain in bilateral shoulders.
- Pain in bilateral elbows.
- Pain in bilateral wrists & hands.
- Pain in bilateral knees.
- Pain in bilateral ankles.

MEDICATIONS: None.

ALLERGIES: Seasonal Allergy & Dust.

PAST MEDICAL HISTORY: DM (2 medications), HTN, Lipid.

PAST SURGICAL HISTORY: Fibroid Surgery.

PREVIOUS INJURIES: None.

FAMILY HISTORY: Dad died due to CVA & Mom died due to DM & Asthma.

REVIEW OF SYSTEMS:

All systems reviewed were within normal limits. The following information was obtained:

HEENT: None.

Pulmonary: None.

Heart & Vascular: None.

GI: The patient denies bowel symptoms.

GU: The patient denied bladder symptoms. He denies sexual dysfunction.

Neuromuscular System: None.

Musculoskeletal: None.

General Constitutional: The patient denied fever or weight loss.

Endocrine: None.

Integument: None.

PHYSICAL EXAMINATION:

HEENT:

HEENT is normal.

Lungs:

Lungs are clear.

Heart:

Heart has regular rate and rhythm.

Abdomen:

Abdomen is soft and non-tender. There are normal bowel sounds.

Extremities:

Extremities are without clubbing, cyanosis or edema.

Cervical Spine:

Mild limitation of motion; decreased by 10-20%.

Range of Motion	Normal	Patient	% Loss of Range
Flexion	50°	40°	20%
Extension	60°	48°	20%
Right Lateral Flexion	45°	36°	20%
Left Lateral Flexion	45°	36°	20%
Right Rotation	80°	64°	20%
Left Rotation	80°	64°	20%

Lumbar Spine:

Range of motion is decreased by 10-20%.

Range of Motion	Normal	Patient	% Loss of Range
Flexion	90°	72°	20%
Extension	25°	20°	20%
Right Lateral Flexion	25°	20°	20%
Left Lateral Flexion	25°	20°	20%
Sacral Hip Flexion	45°	35°	20%

Extremities:

Shoulder:

Range of motion is decreased by 10-20%. **Motor strength is 5/5.**

Range of Motion	Normal	Patient (Left)	Patient (Right)	% Loss of Range
Forward Elevation	150°	120°	120°	20%
Abduction	150°	120°	120°	20%
Adduction	30°	24°	24°	20%
Internal Rotation	80°	64°	64°	20%
External Rotation	90°	72°	72°	20%

ELBOW:

Range of motion is decreased by 10-20%. **Muscle strength is 5/5 all over.**
There is no muscle atrophy noted.

Range of Motion	Normal	Patient (Left)	Patient (Right)	% Loss of Range
Flexion - Extension	150°	120°	120°	20%
Supination	80°	64°	64°	20%
Pronation	80°	64°	64°	20%

WRIST / HANDS:

Range of motion is decreased by 10-20%. **Muscle strength is 5/5 all over.**
There is no muscle atrophy noted.

Range of Motion	Normal	Patient (Left)	Patient (Right)	% Loss of Range
Dorsiflexion	60°	48°	48°	20%
Palmar Flexion	60°	48°	48°	20%
Radial Deviation	20°	16°	16°	20%
Ulnar Deviation	30°	24°	24°	20%

HIP:

Range of motion is decreased by 10-20%. **Muscle strength is 5/5 all over.**
There is no muscle atrophy noted.

Range of Motion	Normal	Patient (Left)	Patient (Right)	% Loss of Range
Forward Flexion	100°	80°	80°	20%
Rotation - Interior	40°	32°	32°	20%
Rotation - Exterior	50°	40°	40°	20%

KNEE:

Range of motion is decreased by 10-20%. **Muscle strength is 5/5 all over.**
There is no muscle atrophy noted.

Range of Motion	Normal	Patient (Left)	Patient (Right)	% Loss of Range
Flexion	135°	108°	108°	20%
Flexion - Extension	150°	120°	120°	20%

ANKLE / FOOT:

Range of motion is decreased by 20-30%. **Muscle strength is 5/5 all over.**
There is no muscle atrophy noted.

Range of Motion	Normal	Patient (Left)	Patient (Right)	% Loss of Range
Dorsi - Flexion	20°	14°	14°	30%
Plantar - Flexion	40°	28°	28°	30%

NEUROLOGICAL EXAMINATION:

Cognitive:

The patient is awake, alert and oriented.

Cranial Nerves:

Cranial nerve examination was performed on CN II-XII and no abnormalities were detected.

Tone:

Tone is normal.

Muscle Strength:

Muscle evaluation was performed on this patient. Evaluation for motor distribution reveals the following:

All muscles tested were within normal limits.

DEGREE OF DISABILITY:

The patient is temporary partially disabled.

PRELIMINARY DIAGNOSIS:

1. Status post fall.
2. Cervical spine derangement.
3. Lumbar spine derangement.
4. Internal derangement, bilateral shoulders.
5. Internal derangement, bilateral elbows.
6. Internal derangement, bilateral wrists.
7. Internal derangement, bilateral hips.
8. Internal derangement, bilateral knees.
9. Internal derangement, bilateral ankles.

PLAN OF MANAGEMENT:

- Patient is instructed about certain limitations of her activities.
 - MRI of the Cervical Spine; to rule out discogenic injury.
 - Physical Therapy will applied shoulders, elbows, wrists, hips, knees & ankles and will be provided 3-4 times a week and will include the following modalities:
 1. Hot pack application 10-15 minutes/area, 3-5 times a week.
 2. Electrical stimulation nerve block.
 3. Range of motion therapeutic exercises on lumbar spine including stretching exercises.
 4. ROM exercises to the shoulders, elbows, wrists, hips, knees & ankle including stretching exercises.

RECOMMENDATION:

At present time the prognosis are / remain guarded.

- Follow-up examination in 4 weeks.
- Continue physical therapy as prescribed.

Sincerely,


Dr. Yongning Mao, M.D.

Yongming Mao Physician P.C.

Dr. Yongming Mao, M.D.

Neurologist & Clinical Neurophysiologist

37-41 77th Street

Jackson Heights NY 11372

Tel: (718)505-1420 Fax: (718)505-1428

Patient Akhter, Khanamm
DOB: 10/12/1939

D/A: 03/12/08
D/E: 07/14/08

REEVALUATION REPORT

Mrs. Akhter, Khanam is a 68 year old female who was involved in a slip and fall accident on March 12th, 2008. Initially she was diagnosed with cervical spine derangement, lumbar spine derangement, internal derangement of bilateral shoulder, internal derangement of bilateral elbows, internal derangement of bilateral wrists, internal derangement bilateral hips, internal derangement bilateral knees and internal derangement bilateral ankles. Patient denies any bladder and bowel dysfunction. The patient has been receiving physical therapy and chiropractic care with relief.

Present Complaints:

On July 14th, 2008, the patient returns for a follow-up today and continues to complain of pain in the neck, back. Patient also complains of pain in the shoulder, elbows, wrists, hips, knees and ankles.

Physical Examination:

Cervical Spine: Examination of the paracervical revealed pain but better with full range of motion.

Lumbar Spine: Examination of the paralumbar revealed pain but better with full range of motion.

Shoulder: Examination of the shoulders revealed pain but better with full range of motion.

Elbow: Examination of the elbows revealed pain but better with full range of motion.

Wrist: Examination of the wrists revealed pain but better with full range of motion.

Hip: Examination of the hips revealed pain but better with full range of motion.

Knee: Examination of the knees revealed pain but better with full range of motion.

Ankle: Examination of the ankles revealed pain but better with full range of motion.

Impression:

- Post traumatic cervical sprain and clinical radiculopathy.
- Post traumatic Lumbosacral sprain and clinical radiculopathy.

- Post traumatic internal derangement, bilateral shoulders.
- Post traumatic internal derangement, bilateral elbows.
- Post traumatic internal derangement, bilateral wrists.
- Post traumatic internal derangement, bilateral hips.
- Post traumatic internal derangement, bilateral knees.
- Post traumatic internal derangement, bilateral ankles.

Plan:

PT program carried out 3-4xs weekly to relieve pain and muscle spasm, increased ROM and muscle strength and achieve structural integrity.

EMG/NCV of the upper and lower extremities; to rule out radiculopathy.

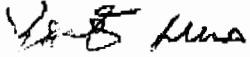
Home exercise is reviewed and emphasized.

The patient is advised to return for a follow up in 4 weeks.

Degree of Disability:

- The patient is temporarily totally disabled.

Respectfully submitted,



Dr. Yongning Mao, MD

Yongming Mao Physician P.C.

Dr. Yongming Mao, M.D.

Neurologist & Clinical Neurophysiologist

37-41 77th Street

Jackson Heights NY 11372

Tel: (718)505-1420 Fax: (718)505-1428

Patient Akhter, Khanam
DOB: 10/12/1939

D/A: 03/12/08
D/E: 08/25/08

REEVALUATION REPORT

Ms. Akhter, Khanam is a 68 year old female who was involved in a slip and fall accident on March 12th, 2008. Initially she was diagnosed with cervical spine derangement, lumbar spine derangement, internal derangement of bilateral shoulders, internal derangement of bilateral elbows, internal derangement of bilateral wrists, internal derangement bilateral hips, internal derangement of bilateral knees and internal derangement bilateral ankles. Patient denies any bladder and bowel dysfunction. The patient has been receiving physical therapy and chiropractic care with relief.

Present Complaints:

On August 25th, 2008, the patient returns for a follow-up today and continues to complain of pain in the neck, back. Patient also complains of pain in the shoulders, elbows, wrists, hips, knees and ankles.

Physical Examination:

Cervical Spine: Examination of the paracervical revealed pain but better with full range of motion.

Lumbar Spine: Examination of the paralumbar revealed pain but better with full range of motion.

Shoulder: Examination of the shoulders revealed pain but better with full range of motion.

Elbow: Examination of the elbows revealed pain but better with full range of motion.

Wrist: Examination of the wrists revealed pain but better with full range of motion.

Hip: Examination of the hips revealed pain but better with full range of motion.

Knee: Examination of the knees revealed pain but better with full range of motion.

Ankle: Examination of the ankles revealed pain but better with full range of motion.

Impression:

- Pos traumatic cervical sprain and clinical radiculopathy.
- Pos traumatic Lumbosacral sprain and clinical radiculopathy.

- Post traumatic internal derangement, bilateral shoulders.
- Post traumatic internal derangement, bilateral elbows.
- Post traumatic internal derangement, bilateral wrists.
- Post traumatic internal derangement, bilateral hips.
- Post traumatic internal derangement, bilateral knees.
- Post traumatic internal derangement, bilateral ankles.

MRI

Cervical Spine:

- Diffuse posterior bulging disc C3-C4, C4-C5, C5-C6 and C6-C7 is identified deforming the thecal sac and spinal cord diffusely.
- Hypertrophic changes of the bilateral zygapophyseal joints and joints of Luschka is identified at the C3-C4, C4-C5, C5-C6, C6-C7 and to a lesser extent the C2-C3 and C7-T1 disc space levels. The residual neuroforamen are adequate.
- Loss of normal disc signal intensity and height is identified from all visualized intervertebral disc space levels most marked at the C5-C6 disc space level.
- Heterogeneous signal intensity is identified from the vertebral bodies.
- Clinical and hematologic correlation is suggested.
- Straightening of the mid and lower cervical curvature is noted.

Plan:

PT program carried on 3-4xs weekly to relieve pain and muscle spasm, increased ROM and muscle strength and achieve structural integrity.
MRI of bilateral shoulders; to rule out rotator cuff tear /ligament tear.
Home exercise is reviewed and emphasized.
The patient is advised to return for a follow up in 4 weeks.

Degree of Disability:

The patient is temporarily partially disabled.

Respectfully submitted


Dr. Yong Ning Mao, MD

Patient Akhter, Khanam
DOB: 10/12/1939

D/A: 03/12/08
D/E: 09/22/08

REEVALUATION REPORT

Ms. Akhter, Khanam is a 68 year old female who was involved in a slip and fall accident on March 12th, 2008. Initially she was diagnosed with cervical spine derangement, lumbar spine derangement, internal derangement of bilateral shoulders, internal derangement of bilateral elbows, internal derangement of bilateral wrists, internal derangement bilateral hips, internal derangement bilateral knees and internal derangement bilateral ankles. Patient denies any bladder and bowel dysfunction. The patient has been receiving physical therapy and chiropractic care with relief.

Present Complaints:

On September 22nd, 2008, the patient returns for a follow-up today and continues to complain of pain in the neck, back. Patient also complains of pain in the shoulders, elbows, wrists, hips, knees and ankles.

Physical Examination:

Cervical Spine: Examination of the paracervical revealed pain but better with full range of motion.

Lumbar Spine: Examination of the paralumbar revealed pain but better with full range of motion.

Shoulder: Examination of the shoulders revealed pain but better with full range of motion.

Elbow: Examination of the elbows revealed pain but better with full range of motion.

Wrist: Examination of the wrists revealed pain but better with full range of motion.

Hip: Examination of the hips revealed pain but better with full range of motion.

Knee: Examination of the knees revealed pain but better with full range of motion.

Ankle: Examination of the ankles revealed pain but better with full range of motion.

Impression:

- Post traumatic cervical sprain and clinical radiculopathy.
- Post traumatic lumbosacral sprain and clinical radiculopathy.
- Post traumatic internal derangement, bilateral shoulders.
- Post traumatic internal derangement, bilateral elbows.
- Post traumatic internal derangement, bilateral wrists.
- Post traumatic internal derangement, bilateral hips.
- Post traumatic internal derangement, bilateral knees.
- Post traumatic internal derangement, bilateral ankles.

MRI**Cervical Spine:**

- Diffuse posterior bulging disc C3-C4, C4-C5, C5-C6 and C6-C7 is identified deforming the thecal sac and spinal cord diffusely.
- Hyperrophic changes of the bilateral zygapophyseal joints and joints of Luschka is identified at the C3-C4, C4-C5, C5-C6, C6-C7 and to a lesser extent the C2-C3, and C7-T1 disc space levels. The residual neuroforamen are adequate.
- Loss of normal disc signal intensity and height is identified from all visualized intervertebral disc space levels most marked at the C5-C6 disc space level.
- Heterogeneous signal intensity is identified from the vertebral bodies. Clinical and hematologic correlation is suggested.
- Straightening of the mid and lower cervical curvature is noted.

Plan:

PT program carried out 3-4xs weekly to relieve pain and muscle spasm, increased ROM and muscle strength and achieve structural integrity.

MRI of bilateral shoulders; to rule out rotator cuff tear /ligament tear.

MRI of the left knee; to rule out ligament tear.

Home exercise is reviewed and emphasized.

The patient is advised to return for a follow up in 4 weeks.

Degree of Disability:

The patient is temporary partially disabled.

Respectfully submitted


Dr. Yongning Mao, MD

BROMER MEDICAL, P.C.

Albert Ciancimino, M.D., Medical Director

Med. Prov. 321471
Tax ID 61-1413138

CENTER: 8304/22614
NAME: FATIMA AKHTER-KHANAM
OD/DOB#: OD29A/10-12-39

DATE OF SERVICE: 8-18-08
REF. BY: DR. ELCOCK
REPORT: 8-19-08

MRI EXAMINATION OF THE CERVICAL SPINE:

Partial saturation sequence sagittal images of the cervical spine were obtained using a TR of 450 and a TE of 14ms. T2 weighted sagittal images of the cervical spine were obtained using a TR of 3000 and a TE of 115.5ms. Partial saturation sequence axial images of the cervical spine from C2 through T1 were obtained using a TR of 600 and a TE of 15ms.

Examination of the sagittal images demonstrates loss of normal disc signal intensity and height from all visualized intervertebral disc space levels most marked at the C5-C6 disc space level. Heterogeneous signal intensity is identified from the vertebral bodies. Clinical and hematologic correlation is suggested. The vertebral body heights are preserved. Straightening of the mid and lower cervical curvature is noted. Anterior extradural defects are identified at the C3-C4, C4-C5, C5-C6 and C6-C7 disc space interspace levels. No other significant anterior extradural defect is demonstrated. The remainder of the visualized thecal sac and spinal cord demonstrates no evidence of structural abnormality. The bony spinal canal is of normal size and configuration. The paravertebral soft tissues are intact.

The foramen magnum region is unremarkable. There is no evidence of inferior cerebellar tonsillar ectopia.

Examination of the axial images demonstrates no significant anterior extradural defects from the C2-C3 nor C7-T1 disc interspace levels. The visualized thecal sac and spinal cord demonstrates no evidence of structural abnormality. The bony spinal canal is of normal size and configuration. The residual neuroforamen are adequate. Hypertrophic changes of the bilateral zygapophyseal joints and joints of Luschka is identified.

The C3-C4, C4-C5, C5-C6 and C6-C7 disc space levels demonstrate diffuse posterior bulging discs deforming the thecal sac and spinal cord diffusely. The bony spinal canal is normal size and configuration. The residual neuroforamen are adequate. Hypertrophic changes of the bilateral zygapophyseal joints and joints of Luschka is identified.

BROMER MEDICAL, P.C.

Albert Ciancimino, M.D., Medical Director

Med. Prov. 321421
Tax ID 61-1413138

Page-type → *

RE: Fatima Akhter-Khanam
MRI of the Cervical Spine, 8-18-08

* * The visualized paravertebral soft tissues are intact.

IMPRESSION: 1. Diffuse posterior bulging disc C3-C4, C4-C5, C5-C6 and C6-C7 is identified deforming the thecal sac and spinal cord diffusely. 2. Hypertrophic changes of the bilateral zygapophyseal joints and joints of Luschka is identified at the C3-C4, C4-C5, C5-C6, C6-C7 and to a lesser extent the C2-C3 and C7-T1 disc space levels. The residual neuroforamen are adequate. 3. Loss of normal disc signal intensity and height is identified from all visualized intervertebral disc space levels most marked at the C5-C6 disc space level. 4. Heterogeneous signal intensity is identified from the vertebral bodies. Clinical and hematologic correlation is suggested. 5. Straightening of the mid and lower cervical curvature is noted.

RSS/td

Robert Scott Schepp, M.D.
Neuroradiologist
Board Certified Radiologist

RSS/td

8304 5th Avenue, BROOKLYN, N.Y. 11209
Tel: 718-680-0900, Fax: 718-680-4403

REVIEW OF SYSTEMS

Case 08-35553-KRH

REVIEW OF SYSTEMS

Doc 4950 Filed 09/15/09 Entered 09/17/09 13:57:30 Desc Main

Document Page 31 of 40

REVIEW OF SYSTEMS

GI: Vomiting / Diarrhea / BRD PAIN

ITEM: Rash / Pruritis / Bruising / Neg

CONST: Fever / Weight Loss / Neg

VISUAL: Cataracts / Glaucoma / Neg

CARD: CP / DOE / PND / Neg

PULM: SOB / Cough / Sputum / Neg

ENDO: Diabetes / Thyroid Dysfun / Neg

GU: Dysuria / Frequency / Hematuria / Neg

MSKL: Arthritis / Back Pain / Neg

NEURO: Memory Loss / HA / SZ / Neg

HEME: Epistaxis / Bruising / Neg

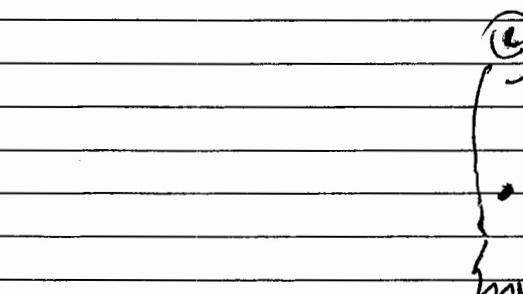
PSYCH: Depression / SI / HI / Neg

 System Review Otherwise unremarkable Pt Unable to provide HistoryCardiac RF: HTN DM Chol TOB FmHx HISTORY FROM: No Other Source Available Interpreter Required Family Friend/Police Paramedics Other:TIME: PHYSICIAN'S NOTES
GEN: Alert Drowsy NAP No palor VS Reviewed

65yo ♀ scraped face (P) 2h -
 and cold sores - not
 yet symptomatic abd -
 pain l/r last 1h D/D synph

mtv pm, HN Itchy
 m/s 2nd flt
 all wks

AB: 60y + abn
 O: 1
 inguinal 20cm x 3
 scrotal + skin nappel
 d/c adam

EYES: EOMI PERRL Conj/Lids WNLENT: O-P WNL TM'S WNL No septal hematomaCV: RRR No murmurs gallops/rubs No JVD PresentRESP: CTA No wheezes/rhonchi/rates No retractionsGI: Non-tender Non-distended No Masses
 BS WNL No organomegaly Rectal: Heme negGU: Scrotum: No masses Non-tender No penile DCPELVIC: EXT GEN WNL Vagina WNL
 Adnexa WNL No CMTMSKL: HEAD: No evidence of trauma/facial trauma
 NECK: No Meningismus Non-tender midline
 BACK: No CVAT Non-tender
 EXT: No C/C/E Radial/Pedal pulses WNL
 Full ROMSKIN: Y Rash Y Bruising Abrasions Y Lacerations
 N N N NEURO: Oriented x 3 Cranial Nerves II - XII intact
 Motor WNL Sensory WNL Gait WNL
 DTR WNLPSYCH: Mood/Affect WNL _____

Consult _____ Contacted at _____ AM PM

Responsibility Transferred

Time:

PT (INR)/PTT:

AST/ALT

T/D Billi

17B Bill.
AIK Phos.

Albumin:

AIBD
11A:

UA. —
ABC:

Entered
Page 32 of 45

BHCG

EKG: entered 09/17/09 13:57:30 Desc Main

RADIOLOGY

TIME

NURSE'S NOTES

3-12-89 M. Ambulatory. ADO X 3. Q SOB. presented to hospital
22:10 States she has (R) lower extremity tonight &
got small abrasion. & bleeding. unknown trauma
19-Slight AP character. denies other trauma. Denies
for my evaluation. STABED.
11pm Tetanus given via IV Deltoid. 1/2 strength given
86

TIME	IV SITE	IV SOLUTION	RATE	AMT INFUSED	RN INT.	P.O.	URINE
						INTAKE	OUTPUT

DISPOSITION**DISCHARGE CONDITION**

- Unchanged
 Improved

Date & Time Release Document

7/17/09 23:00

Diagnosis:

abdomen

DISPOSITION

- Rx & D/C
 Admit to _____
 Transfer to _____
 Left prior to D/C instructions
 AMA _____

MEDICAL REC. #	ACCT. NO.
1439563	0071

MOA	A/C	ACCIDENT DATE A
OTH		

PATIENT NAME AND ADDRESS		
AKHTER		
40 WATER ST		
NEW YORK		

917-2

PHONE NO.	DEC
MOTHER'S	
MAIDEN NAME	
GUARANTOR NAME AND ADDRESS	

40 WATER ST	
NEW YORK	

917-254

PHONE	
-------	--

F/C	PREFIX	MEDICARE NO.
H		

BLUE CROSS ID NO.		
113656030		

OTHER INSURANCE NAMES AND AD		
------------------------------	--	--

Attending Note: I have examined the patient and agree with the findings and treatment plan of Dr. _____

Resident MD (Print / Sign)	MD # / Time	Attending MD (Print / Sign)	MD # / Time	ROI <input type="checkbox"/> YES <input type="checkbox"/> NO
1		<i>J</i>	<i>Darren</i>	
2				
3				

INSTRUCTIONS & MEDICATIONS

Instructions

apply bacitracin twice per day x 5 days

return for redness, swelling, pain, warmth spreading
dust bath/wash, face

Rx

INSTRUCTIONS UNDERSTOOD: *Tam*
PATIENT SIGNATURED/C INSTRUCTIONS GIVEN: *J*

SIGNATURE

 INSTRUCTION SHEET GIVEN TO PATIENT

Follow-up Appt given/for 1) _____ Date _____ Time _____

2) _____ Date _____ Time _____

3) _____ Date _____ Time _____

Chart No.

1439563

NEW YORK CITY
HEALTH AND HOSPITALS CORPORATION

**GENERAL CONSENT
FOR TREATMENT**

Name

Akhter, Farhan-fahim

Ward No.

(Patient Imprint Card)

FORM A

For patients seeking in-patient, out-patient and/or emergency room services.

1. I am asking for medical care and treatment at this facility and agree to accept services which may diagnose a medical condition, procedures to treat my condition and routine dental and medical care, including vaccination. I understand that these services will be provided to me by physicians, dentists, nurse practitioners, midwives, physician assistants and other health care providers, some of whom may be in training. I have not been given any guarantees as to the results of the services I will receive.
2. I understand that my agreement to accept these services will remain in effect unless I say that I no longer want these services or until my treatment is completed.
3. I understand that my agreement to accept these services is called a General Consent and that it includes any routine procedure(s) or treatment(s) such as blood drawing, physical examination, administration of medication(s), taking X-rays, use of local anesthesia and other non-invasive procedures.

X *[Signature]*

Signature of Patient or Parent/Legal Guardian of Minor Patient

3/2/08

Date

If the patient cannot consent for him/herself, the signature of either the health care agent or legal guardian who is acting on behalf of the patient, or the patient's next of kin who is assenting to the treatment for the patient, must be obtained.

Signature of Health Care Agent/Legal Guardian
(Place a copy of the authorizing document in the medical record)

Date

Signature & Relation of Next of Kin

Date

WITNESS:

I, Jenae Perez am a facility employee who is not the patient's physician or authorized health care provider and I have witnessed the patient or other appropriate person voluntarily sign this form.

Jenae Perez
Signature and Title of Witness

INTERPRETER/TRANSLATOR:

(To be signed by the interpreter/translator if the patient required such assistance)

- To the best of my knowledge the patient understood what was interpreted/translated and voluntarily signed this form.

Signature of Interpreter/Translator

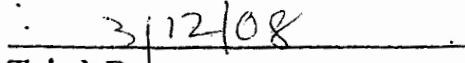
Acknowledgement

By signing and dating the form below, I acknowledge that I have received a copy of the New York City Health and Hospitals Corporation's Privacy Notice.

Patient's Name

Patient's Medical Record Number


Patient's Signature


Today's Date

If executed by a patient's personal representative, please print your name in the space below:

Personal Representative's Name

Personal Representative's Signature

FOR USE BY NYCHHC STAFF ONLY:

- Patient refused to sign
- Patient unable to sign

NYCHHC Employee's Initials

Today's Date



Beth Israel Medical Center-Petrie Division
1st Ave. at 16th Street
New York, NY 10003

Patient: AKHTER, KHANAMFATIMA
Sex: F DOB: 10/12/1939
Phone #: (917)256-1731
Patient #: TB0755-0229064
Order #: 391706832
Collected: 03/17/2008 11:50

DOCS PRIM CARE
55 E 34th St
5th Floor
New York, NY
Loc: B0755

Requested by: CHATTERJEE, LOLITA

FINAL

Test Name	Within Range	Out of Range	Ref-Ranges	Units	Site
Special Hematology					
HbA1c		7.1	H	4.2-5.9	%
Chemistry					
Urea Nitrogen		19.0	H	7.0-17.0	mg/dL
Creatinine	0.9			0.7-1.2	mg/dL
Sodium	138			137-145	mmoL/L
Potassium	4.3			3.5-5.1	mmoL/L
Chloride		97	L	98-107	mmoL/L
CO2	28			22-30	mmoL/L
Anion Gap	13			7-16	mmoL/L
Glucose		120	H	74-106	mg/dL
Calcium	9.9			8.4-10.3	mg/dL
Protein, Total	7.7			6.3-8.2	g/dL
Albumin	4.6			3.5-5.0	g/dL
A/G Ratio	1.5			1.1-2.2	
Bilirubin, Total	0.3			0.2-1.3	mg/dL
Alkaline Phosphatase	111			38-126	U/L
AST	26			15-46	U/L
ALT	34			13-69	U/L
Cardiac Markers					
Triglycerides	90			0-150	mg/dL
Cholesterol, Total		229	H	0-200	mg/dL
Cholesterol, HDL	51			Adults: Low risk >60 High risk <40	mg/dL
Cholesterol, LDL(calc)		160	H	75-100	mg/dL
Cholesterol/HDL Ratio		4.49	H	0.00-4.30	mg/dL
Random Urine Chemistry					
Microalbumin, Urine Random	0.90			0.00-1.70	mg/dL
Creatinine, Urine Random	54				mg/dL
Alb/Cre Ratio, Urine	17			0-30	mg/g Creat

B: Beth Israel Medical Center*Petrie Division*1st Avenue at 16th Street*New York,NY

L = Low; H = High; AB = Abnormal; CL, CH = Alert

D•O•C•S

Continuum Medical Group

PLACE ADS LABEL HERE

Fatima
DOB 10/12/39

PROGRESS NOTES

DATE/TIME: Physicians: start notes at solid vertical line; Clinical Staff: start at dotted line

INT MED/FAM MED/PED VISIT

Date: 3/17/08

Reason for visit:

B/P 100/80 Pain

Allergies: Environ

Medications: Lipitor

PP Met

of half a fall at Circuit

Diabetic med

3/12/08

Six Fall YESTA

CC ciprofloxacin

2 Amoxicillin + 2 cm Alcogel
+ Sudafed 1 gm
amide X 2

C Alcogel / cortizone

Referred 15 days (?)

P Axle - X-ray

#11

TIME Signed In:
 Walk In (Yes or No)
 Appt (Yes or No)

Beth Israel Medical Center

Ambulatory Patient Self Assessment for This Visit

Must be Completed Each Visit

Date:

3/17/09

Name:

Khanum Fatima Akhter

Reason Here:

accident occur on circuit city store on 3/12/09
want to check up and get report.

Past Medical History:

Diabetes, Blood Pressure, cholesterol, allergic Asthma .

Past Surgical History:

Not in 30 years, before one,

Medications:

for Diabetes, Blood Pressure .

Allergies:

Dust, House dust, &

**State 2H
Rego Park, N.Y. 11374****Tel: (718) 271-7700 Fax: (718) 271-4490****Narrative Report****Date: 05/05/08****PATIENT'S NAME: Khanam Fatima Akhter
CHART #: 4866****PRESENTING COMPLAINTS**

The patient comes to see me today with the chief complaints of pain and limitation of motion involving the right ankle, neck, both shoulders, and both knees. This has been going on since her fall on April 12, 2008.

HISTORY

The patient is a 68-year-old female. This patient was at Circuit City Store when she fell sustaining laceration to her right ankle and injuries to the above-noted parts of her body. Ever since that time, the patient has been hurting. After that, the patient was taken to a hospital where she was diagnosed as having superficial ulceration involving the front of the right ankle, about 1 inch in length and also multiple blunt traumas as indicated above. The patient was given treatment, and she was subsequently discharged. She comes to see me today for the first time.

The patient complains of pain in the right ankle with difficulty in standing for longer length of time. Also, her ankle swells up from time to time.

The patient also complains of pain in the neck, which is mainly located in the neck area. There is no history of radiation. The patient has difficulty in moving her head in any direction; especially, extremes of motion are painful.

The patient also complains of pain in both shoulders with difficulty in heavy lifting and overhead activities.

The patient also complains of pain and stiffness involving both her knees, right more than the left, and this started after her fall.

PAST MEDICAL HISTORY

The patient suffers from high blood pressure, diabetes, and heart problem. Also, she has asthma.

PERSONAL HISTORY

She stands 5 feet 4 inches and weighs 160 pounds. She is right-hand dominant.

PHYSICAL EXAMINATION

RIGHT ANKLE

On examination of the right ankle, there is abrasion in front of the ankle, about 1 inch in length, above the ankle joint line anteriorly, which has healed. There is no sign of infection. There is generalized swelling around the ankle with tenderness in the medial and lateral side. Extremes of motion are painful.

CERVICAL SPINE

On examination of the cervical spine, there is tenderness in the C5 and C6 area, and extremes of motion are limited. Neurovascular examination in both upper extremities is within normal limits.

RIGHT SHOULDER

On examination of the right shoulder, there is a normal shoulder contour. There is generalized tenderness.

Range of motion is as follows:

	<u>NORMAL</u>	<u>EXAM</u>
Flexion:	0°-170°	0°-160°
Abduction:	0°-180°	0°-160°
Extremes of motion	are limited.	

LEFT SHOULDER

On examination of the right shoulder, there is a normal shoulder contour. There is generalized tenderness.

Range of motion is as follows:

	<u>NORMAL</u>	<u>EXAM</u>
Flexion:	0°-170°	0°-160°
Abduction:	0°-180°	0°-160°
Extremes of motion are limited.		

RIGHT KNEE

On examination of the right knee, there is no deformity. There is parapatellar tenderness. There is no effusion. Patellofemoral grind test is positive. There is tenderness over the medial joint line. Anterior and posterior drawers are negative. There is no medial or lateral collateral ligament laxity. Range of motion is from full extension to 90 degrees of flexion.

LEFT KNEE

On examination of the right knee, there is no deformity. There is parapatellar tenderness. There is no effusion. Patellofemoral grind test is positive. There is tenderness over the medial joint line. Anterior and posterior drawers are negative. There is no medial or lateral collateral ligament laxity. Range of motion is from full extension to 90 degrees of flexion.

IMPRESSION

Abrasion involving the right ankle with sprain.

Contusion with internal derangement involving both knees.

Multiple contusions involving both shoulders.

Sprain to the cervical spine.

RECOMMENDATIONS

The patient is advised to get x-rays of the cervical spine, lumbar spine, both shoulders, both knees, and right ankle. She will see me after x-rays for further evaluation. In the meantime, she is advised to continue physical therapy and antiinflammatory medication.

Laxmidhar Diwan, M.D.

LD/sv

HEALTH INSURANCE CLAIM FORM Document Page 43 of 45

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

EL. PASO, TX 79908-

PICA

1. MEDICARE <input type="checkbox"/> Medicare #		MEDICAID <input type="checkbox"/> Medicaid #		TRICARE CHAMPUS <input type="checkbox"/> (Sponsor's SSN)		CHAMPVA <input type="checkbox"/> Member ID#		GROUP HEALTH PLAN <input type="checkbox"/> (SSN or ID)		FECA BLK LUNG <input type="checkbox"/> (SSN)		OTHER <input checked="" type="checkbox"/> (ID)		1a. INSURED'S I.D. NUMBER W113656030 (For Program in Item 1)			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) AKHTER, KHANAMFATIMA								3. PATIENT'S BIRTH DATE MM DD YY 10 12 1939 M <input type="checkbox"/> F <input checked="" type="checkbox"/>								4. INSURED'S NAME (Last Name, First Name, Middle Initial) AKHTER, KHANAMFATIMA	
5. PATIENT'S ADDRESS (No., Street) 40 WATERSIDE PLAZA APT#26E CITY NEW YORK STATE NY ZIP CODE 10010								6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>								7. INSURED'S ADDRESS (No., Street) 40 WATERSIDE PLAZA APT#26E CITY NEW YORK STATE NY ZIP CODE 10010	
8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> Employed <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Student <input type="checkbox"/>								9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) NONE								10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO _____ PLACE (State) c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
d. INSURANCE PLAN NAME OR PROGRAMNAME								10d. RESERVED FOR LOCAL USE 05 05 2008								11. INSURED'S POLICY GROUP OR FECA NUMBER 65494401000701	
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM														12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.			
SIGNED Signature on File DATE 05 16 2008														13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.			
14. DATE OF CURRENT: MM DD YY								15. IF PATIENT HAS HAD SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY								16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY MM DD YY FROM _____ TO _____	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. _____ 17b. NPI _____								18. HOSPITALIZATION DATES RELATED TO CURR. SERVICES MM DD YY MM DD YY FROM _____ TO _____									
19. RESERVED FOR LOCAL USE														20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (Relate Items 1,2,3 or 4 to Item 24E by Line) 1. 924 21 CONTUSION OF AN 3. _____ 2. _____ 4. _____														22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.			
24.A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. Place Of SERVICE EMG C. CPT/HCPCS D. PROCEDURES, SERVICES, SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS MODIFIER F. \$ CHARGES G. Days OR Units H. EPSDT Family Plan I. ID Qual J. RENDERING PROVIDER ID. #														23. PRIOR AUTHORIZATION NUMBER NPI _____			
1 05052008 0505200811		99245		1		250 00		1		NPI		1386726552					
2 05052008 0505200811		COPAY				25 00		1		NPI		1386726552					
3																	
4																	
5																	
6																	
25. FEDERAL TAX I.D. NUMBER 11-3026541		SSN EIN <input checked="" type="checkbox"/>		26. PATIENT'S ACCOUNT NO. 10004866-1/CM		27. ACCEPT ASSIGNMENT? (For gov. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ 275 00		29. AMOUNT PAID \$ 25 00		30. BALANCE DUE \$ 250 00					
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) DIWAN, LAXMIDHAR MD 05 16 2008		32. SERVICE FACILITY LOCATION INFORMATION a. _____ b. _____		33. BILLING PROVIDER INFO & PH# () LAXMIDHAR DIWAN, MD 62-54 97TH PLACE REGO PARK, NY 11374		a. 1386726552 b. _____											

MERAV DEKEL
HERNAN CACERES
ANN MARESCA
JOEL HOROWITZ
OF COUNSEL

September 14, 2009

VIA FEDERAL EXPRESS

Clerk of the Bankruptcy Court
United States Bankruptcy Court
701 East Broad Street - Room 4000
Richmond, Virginia 23219

RE: In Re Circuit City Stores, Inc.
Case No.: 08-35653
Our Client: Khanam Fatima Akhter
Claim Number: 5111

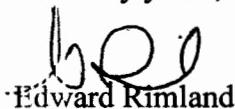
Dear Sir/Madam:

Please be advised that this office represents creditor-claimant Khanam Fatima Akhter for personal injuries sustained in an accident.

Enclosed please find for filing a Response to Debtor's Omnibus Objection of Claims and Request for Hearing on behalf of this claimant. We request that you file same immediately upon receipt.

Thank you for your courtesy herewith. Should you have questions, feel free to contact this office at your earliest convenience.

Sincerely yours,



Edward Rimland

ER/sk
Enclosure

cc: SKADDEN, ARPS, SLATE, MEAGHER & FLOM, LLP
One Rodney Square
Post Office Box 636
Wilmington, Delaware 19899-0636
Attention: Gregg M. Galardi
Ian S. Fredericks

SKADDEN, ARPS, SLATE, MEAGHER & FLOM, LLP
155 North Wacker Drive
Chicago, Illinois 60606
Attention: Chris L. Dickerson

MCGUIREWOODS, LLP
One James Center
901 E. Cary Street
Richmond, Virginia 23219
Attention: Dion W. Hayes
Douglas M. Foley